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Concept Paper

Rethinking the Roles of the Social Determinants of Health in Bystander Intervention for Partner Violence Among College Students

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Abstract: Willingness to intervene as an effective bystander is critical in preventing partner violence and fostering safety among college students. Informed by the Social Determinants of Health framework, this conceptual paper provides an overview of the background and historical evolution of bystander intervention and invites a rethinking of how various factors impact bystander intervention for partner violence among college students by highlighting the roles of (1) economic factors and education, (2) sexual beliefs, myths, and media, (3) gender values and norms, (4) environmental factors, (5) college students at risk, (6) social support network and access to services, (7) acculturation and familiarity with the U.S. culture, and (8) cost-benefit analyses. We also discuss potential practice, research, and policy implications. Understanding the Social Determinants of Health is instrumental in addressing the root cause of intersecting health disparities, which is vital in preventing violence, encouraging bystander intervention, and creating a safer community.

Keywords: bystander intervention; Social Determinants of Health; college students; violence prevention

Partner violence, which entails a broad range of behaviors, including psychological harm, coercion control, physical aggression/assaults, and unwanted sexual acts involving a current or former partner, is a substantial public health concern that warrants immediate attention [1]. While the actual prevalence of violence is likely greater due to the potential for underreporting, it has been estimated that about 41% of women and 26% of men in the United States are victims of physical violence, sexual assault, and/or stalking by an intimate partner during their lifetime [1]. Further, partner violence can take place in any setting and affect anyone, including college students. In fact, such violence is widespread, often driven by an interplay of developmental, environmental, and social factors [2,3]. In this conceptual paper, the term "partner violence" is used as an umbrella term to include college dating violence and intimate partner violence that capture a broad spectrum of abusive behaviors occurring among college students in both casual and committed relationships. It also encompasses various forms of sexual violence (e.g., assault, unwanted sexual contact) or activities without consent occurring in person, online, or via technology [4]. The cost burden of violence to the victims and the broader society is substantial. In addition to the elevated costs in the health care and criminal justice system [5], victims experience psychological aftermaths (e.g., anxiety, post-traumatic stress, fear, embarrassment, and privacy concerns) [6]. They may also face acute and chronic health outcomes (e.g., physical injuries, substance abuse, death) [1,7], often leading to lower academic performance, relationship difficulties, and diminished quality of life [6].

Fortunately, many cases of partner violence occur in the presence of bystanders and are preventable [1,8]. College students frequently witness the effect of partner violence on their friends and are often confided in about their experiences of abuse [6,9]. Despite the less prevalent use of formal reporting and professional help, many victims prefer to

disclose their encounters to their close friends and families [6]. Drawing insights from the Social Determinants of Health (SDOH) framework [10], this conceptual paper invites a rethinking of how various factors impact bystander intervention for partner violence among college students. Acknowledging the significance of the roles that SDOH plays in bystander intervention may help facilitate the timely identification of the systemic barriers to support the effective development of strategies that illuminate perceptions of safety, empower others to take action, and reduce obstacles that hinder intervening in harmful situations, thereby fostering more responsive communities.

Despite the fact that many studies have delved into evidence of partner violence and bystander involvement at predominantly White universities across the nation [11,12], there is a notable gap in understanding the diverse needs of the 21st-century college students and the multifaceted aspects essential to shaping dynamics of bystander intervention among ethnic-racial minority students, hindering efforts to inform prevention efforts geared toward strengthening the efficacy of bystander intervention [13]. Empirical evidence suggests that partner violence manifests differently across various ethnic and racial groups, which is often attributed to the complex interplay of what constitutes acceptable cultural norms, socioeconomic barriers, institutional discrimination, stigma, and varying degrees of resources, all of which can shape individuals' experiences and decision to intervene [14–17]. Addressing this inquiry necessitates a nuanced understanding of the SDOH that influence the extent of bystander intervention, taking into consideration varied contextual factors that steer health outcomes. We hope that this conceptual paper can encourage deeper dialogues on bystander intervention for partner violence among college students and collective action to create safe and supportive communities.

1. Partner Violence and Bystander Intervention Among College Students: Background

College students constitute a subpopulation who experience pervasive partner and sexual violence. The reported prevalence of dating violence among college students, including physical, psychological, and sexual abuse, varies widely by sample, with studies estimating between 5 percent and 80 percent [18–20]. Variations across studies likely stem from differences in conceptualization and research methodologies. From the routine activity theory perspective, crime occurs when the motivated perpetrator has access to the victim in the absence of a potential guardian [21]. Bystanders, known as third-party witnesses who are not directly involved as victims or perpetrators, may step in to diffuse high-risk incidents and can play a critical role in assault prevention [22]. Bystanders on college campuses may include friends, classmates, other students, faculty, and staff. The bystanders' responses may vary from ignoring to stepping in to stop a violent attack or calling for help. Additionally, intervening may take the forms of whistleblowing about ethics violations, condoning the comments and behavior of the perpetrators, providing support to de-escalate, and connecting victims to resources before, during, and after the incident [23,24].

2. Historical Evolution of Bystander Intervention

The history of bystander intervention among college students and the broader population has witnessed a dramatic change, underscoring the importance of community responsibility in combating violence. In their seminal article, psychologists John Darley and Bibb Latané examined the "bystander effect" and postulated that individuals are less likely to intervene in critical situations in the presence of others and other social factors that diffuse their personal responsibility [25]. The Clery Act, a federal law enacted in 1990, mandated all U.S. colleges and universities to provide annual reports of campus crime statistics and implement measures to promote a safe and secure campus [26,27]. The Green Dot Initiative is a research-based bystander intervention program aimed at reducing personal violence by empowering individuals who witness harmful incidents to take safe actions and provide support [28]. In 2007, the American College Health Association released a White Paper identifying campus violence as a significant public health issue for colleges

and universities and calling for implementing measures to address and prevent campus violence [29,30].

Further, the passage of the Campus Sexual Violence Elimination Act in 2013 mandates that all schools receiving Title IX funding implement prevention programs to educate their students on how to safely intervene and prevent harm when violence occurs to reduce sexual and dating violence [31]. In the following year, the White House Task Force to Protect Students from Sexual Assault was established to safeguard students' safety by enhancing federal enforcement efforts and equipping schools with resources to combat violence [32]. Bystander intervention among college students has flourished in recent years and has been increasingly recognized as an effective strategy to offer immediate support to their victims, prevent the escalation of violence, raise awareness, increase access to supportive resources/services, foster accountability, increase confidence, encourage others to intervene safely and create a safe environment [31,33,34].

3. Social Determinants of Health

The Social Determinants of Health (SDOH) entail the circumstances in which one is born, resides, receives education, engages in leisure and worshipping, and grows old, which can profoundly influence one's well-being. These social determinants include aspects pertaining to one's socioeconomic status, education, employment status, access to health care, social support, physical environment, and other societal and community factors, all of which help influence one's access to resources and opportunities that shape health trajectories throughout their life course [10]. Addressing these social determinants through understanding research and targeted intervention can enhance equitable access, improve health outcomes, and reduce disparities to advance public health and well-being [35]. The history of SDOH is rooted in the series of public health efforts that focused on sanitation and living conditions in the 19th century and the establishment of the World Health Organization (WHO) in the mid-20th century [36], highlighting the growing recognition of health outcomes as a product of varied social, economic, and environmental factors. The greater acceptance of SDOH to address systemic inequities has led to the establishment of the Commission on Social Determinants of Health by WHO in 2005 [37]. The recent COVID-19 pandemic further emphasizes the critical role that SDOH plays in shaping health outcomes, leading to a renewed emphasis on health equity and the necessity for comprehensive policies to address the social factors contributing to persistent health disparities [38].

In what follows, this conceptual paper provides an overview of critical social determinants related to bystander intervention, addressing factors pertinent to the general population, with a particular focus on college students.

3.1. Economic Factors and Education

Financial instability can foster feelings of stress and anxiety, increasing the likelihood of aggression, particularly toward persons in close proximity [39,40]. At the micro level, bystanders preoccupied with their safety and survival may not have the emotional and physical capacity to recognize instances of violence that warrant intervention. Additionally, they may feel apprehensive about the potential financial/legal ramifications or violent retaliation stemming from their intervention [11]. At the macro level, residents in impoverished neighborhoods with concentrated disadvantages may feel compelled to prioritize their survival over other well-being. This focus on survival can result in weak social cohesion, which characterizes economically distressed and impoverished communities that lack a sense of collective responsibility to exert guardianship or provide mutual support [41,42]. Further, communities with limited economic means may not have the resources to provide support services, including shelters, counseling, and legal assistance to their victims. Cultural norms may act as a deterrent that discourages others from seeking help due to shame or viewing intimate partner violence as a private matter, perpetuating a cycle of silence and abuse [43]. Higher levels of education, which are linked to greater resources (economic well-being, better access to health care) [44], conversely, may facilitate a deeper

understanding of diverse societal issues and help one develop a broader range of skills [45], thereby increasing their awareness and capacity to act. Through campaigns, coursework, and workshops that increase their access to on-campus services and resources, college students may better comprehend the signs and consequences of partner violence, fostering a sense of responsibility to intervene.

3.2. Sexual Beliefs, Myths, and Media

Sexual assault is a crime of violence involving nonconsensual activity through the use of threat, hostility, or physical force, including when the victim is not able to consent. Empirical evidence suggests that acceptance of the rape myth is linked to victim blaming. Specifically, rape culture, which perpetuates sexual violence against women through the objectification of women, normalization of male sexual violence, use of misogynistic comments, slut shaming, and victim blaming, suggests women themselves contribute to the violence (e.g., victims are intoxicated, victims are dressed provocatively and flirting). Perceptions of victim worthiness, especially, can shape bystanders' willingness to help [46,47]. There is evidence that men who adhere to sexist stereotypes are more likely to believe in rape myths and place the responsibility for sexual assault or violence on victims, which can interfere with their willingness to intervene as bystanders [48].

Rape myth acceptance, which makes bystanders less likely to perceive responsibility for helping, can have many debilitating effects on the victims [49]. In addition to spreading incorrect information, minimizing the safety of victims, and influencing how victims are perceived and treated, rape-supportive attitudes can shape socio-culturally transmitted beliefs that glamorize and perpetuate violence toward women in particular [50]. Although rape myths typically focus primarily on women, it can be harmful to all victims regardless of their gender. In other words, rape myths will perpetuate so long as people continue to pass false judgments based on erroneous or invalid beliefs. Pivotal risk factors that have been found to shape rape-supportive and acceptance attitudes include but are not limited to rigid gender roles, mistrust of the opposite sex, exposure to media content (e.g., pornography, violent video games), pledging to a fraternity or sorority, having no prior rape education, or not knowing anyone who had experienced victimization [46,51,52].

Exposure to different forms of media that promotes sexual aggression and reinforces rape culture also increases the likelihood of rape myth acceptance and lowers the likelihood of intervention [53,54]. Empirical evidence suggests that media has a profound impact on shaping public perceptions, attitudes, and behaviors [55]. While traditional media such as newspapers, television, and radio play a pivotal role in raising public awareness about the prevalence and signs of violence through news coverage and public service announcements, they can also sensationalize victim-blaming narratives and perpetuate myths and stigmas that deter intervention [56]. With the global surge of social media usage, such as Facebook, X (formerly known as Twitter), and Instagram, social media can serve as a powerful platform for information sharing and awareness raising, which helps engage the public in meaningful conversations and facilitates the dissemination of resources that enable safe and effective intervention [57]. Campaigns and movements such as #MeToo, for example, have brought widespread attention to the issue of intimate partner violence and empowered others to engage in bystander intervention. However, the anonymity inherent in social media can undermine one's responsibility and accountability to act [58].

3.3. Gender Values and Norms

Existing literature postulates that females are more likely to intervene than males [11]. However, gender differences and skill deficits may affect bystanders' intervention decisions. Men and women may help differently, where men are more likely to intervene during emergencies and women are more likely to provide emotional support [23]. In addition, Levine and Crowther (2008) noted that women's intervention as bystanders decreased, whereas men's intervention increased in the presence of the opposite gender. Sex role stereotypes about male heroism likely explain why women are more likely to defer to men

and attribute greater responsibility to them during emergencies [59]. Women's greater social connectedness may help them better recognize social cues, read emotions, and identify the risk of violence. Patriarchal masculinity and traditional cultural norms that emphasize male dominance and superiority over women, on the contrary, can decrease men's willingness to intervene [48], in particular in another man's "sexual conquest" [60].

Traditionally, marriage has been perceived as a social institution regulated by a set of social norms, beliefs, and expectations. In addition to the greater likelihood of endorsing traditional gender roles that proscribe male and female behaviors, married couples may be more likely to uphold beliefs that associate maleness and masculinity with strength, aggressiveness, and sexual adventurism, while linking femininity with passivity and purity [61]. Yet, cross-cultural patterns in sexuality or sexual beliefs and attitudes may differ based on national origin and ethnicity. In particular, differences in the conceptualization of violence and cultural or language barriers can hinder one's ability to identify sexual violence and interfere with the effectiveness of sexual violence prevention efforts [62]. In the Mexican community, the concept of machismo, where male dominance, hypermasculinity, and sexual prowess are applauded, contrasts with the concept of marianismo, which emphasizes women's roles as nurturers, may prevent women from seeking help due to violence. Familiarity with U.S. culture may diminish the bystander inclination to intervene when women are the perpetrators, in part owing to gender double standards and stereotypes that cast women in the role of victims rather than the perpetrators [63,64]. Traditional cultural norms and societal expectations that portray women as passive and nurturing may overshadow their role as perpetrators and deter men from seeking help, highlighting the need to change societal attitudes and acknowledge that both genders can be victims and perpetrators in understanding the interpersonal dynamics and supporting a just response to violence.

3.4. Environmental Factors

Existing evidence suggests that attending college classes increases students' exposure to cultural norms that promote risky behavior, including alcohol use and engagement in high-risk sexual behavior [65]. Social settings where alcohol is involved are particularly prone to incidences of sexual assault. In fact, many alcohol-related assaults take place where others are present. The social dynamics of parties filled with alcohol consumption can complicate intervention as alcohol consumption can impair judgment and reduce one's ability to recognize cues, signaling the dire need for intervention [66]. Additionally, the presence of social norms and peer pressure may dissuade them from intervening [11]. Geographical location shaped by local safety conditions also has the potential to facilitate or hinder decision making in bystander intervention. Urban areas, for instance, have better access to resources that facilitate quicker and more informed responses compared to rural or remote areas that must confront challenges related to scarce resources. Partner violence, a pervasive public health issue on the U.S.-Mexico border [67,68], for instance, is compounded by complexities such as prevalent gender inequality, the cultural stigma surrounding help seeking, and the lack of resources (high rates of poverty, lack of health insurance, low educational attainment, and a shortage of healthcare workers on the border), which poses a challenge to addressing it effectively and adequately [69–72].

3.5. College Students at Risk

The college atmosphere is often characterized by a sense of freedom and independence and a mix of new experiences, which increases the engagement of high-risk behaviors such as substance use, risky sexual behaviors, and social gatherings, which can create the potential for violence [19,73,74]. The risk of experiencing violence is higher among certain groups of college students. Almost half of intimate partner violence survivors had their first abusive relationship during their college years (ages 18–24) [6]. First-year students are especially vulnerable to such violence [34]. In fact, the new academic school year has been deemed the "Red Zone" and may potentially increase the likelihood of engaging

in risky behaviors, such as binge drinking, which in turn increases the risk for sexual assault [75,76]. The transient nature of college may increase a sense of anonymity, reducing feelings of obligation to intervene. Additionally, there is evidence that Greek-affiliated students experience a higher risk of sexual assault than their counterparts [77] and are less likely to intervene in situations involving partner violence [78]. Tredinnick (2022) found that student-athletes are not only prone to gender role conflicts but also face more obstacles to bystander intentions as a consequence [79].

3.6. Social Support Network and Access to Services

Research evidence postulates that individuals with a history of victimization are more likely to intervene when witnessing violence [24]. Some victims of sexual assault/violence may hesitate to report due to embarrassment, distrust, self-blame, and disbelief, especially given the low conviction rates of the perpetrators in the assault cases [80]; this is in contrast to survivors of sexual violence, who are more likely to intervene on behalf of others [24]. Women's greater risk of victimization may heighten their awareness of danger and barriers hindering intervention. These women may also be more likely to identify and empathize with victims. In terms of social support and networks, group affiliation has been found to play a critical role in bystanders' behavior. Rambaran et al. (2022) found that peer networks can influence defending and bystanding behavior by enhancing self-efficacy and increasing moral distress [81]. An inclusive and supportive campus culture, accompanied by resources and programs such as counseling services, peer groups, and workshops, may create a vital social backdrop for students that fosters close-knit communities and instills a sense of collective responsibility and solidarity. Access to service can equip bystander skills to recognize signs of intimate partner violence, navigate the support system, make informed decisions to help, intervene confidently, and direct the victims to services they need for immediate support, thereby reducing the risk and harm to the victims and themselves [82–84].

3.7. Acculturation and Familiarity with the U.S. Culture

Acculturation occurs when one comes into contact with another culture and begins to experience identity exploration as one learns to adapt to the culture of the host society. Language barriers and rigid gender socialization practices can increase the risk of gender-based violence. Cultural conflicts, as well as traditional gender roles and expectations, may prevent immigrant Hispanic women from seeking help [85]. Low acculturation among Hispanics, the lack of culturally competent services, distrust toward medical and legal channels, and shame can reduce their likelihood of seeking social services due to interpersonal violence [86,87]. In addition to difficulty accessing services, other factors that increase risks for partner violence include social isolation and fear of deportation [15]. Higher levels of familism that prioritize collective family needs over individual needs can affect the disclosure of abuse and become a barrier to reporting [88]. Taken together, adherence to traditional gender roles that draw one close to home can lead to reduced risk of violence on the one hand. Acculturation, on the other hand, may aid survivors in understanding how to navigate the system and services, thereby increasing help-seeking behavior. As such, normalizing help-seeking behaviors may empower others to tackle these social challenges and encourage others to intervene in times of need.

3.8. Cost-Benefit Analyses

A number of personal and contextual factors can interfere with an individual's willingness to intervene [24]. Bystanders may engage in cost-benefit analyses, with the likelihood of intervention decreasing as perceived barriers increase [23]. Bystanders may choose which situation (e.g., an immediate emergency situation or a distal non-emergency situation) to intervene [89] because each situation may require different sets of skills for intervention. Barriers to help may include less self-efficacy, lack of empathy [90], shyness, fear of negative evaluation [91], the presence of other bystanders, fear of embarrassment, perceptions of their safety and the victim's, perceived responsibility, perceptions of the

victim's choices, intoxication level, and the attire the victim is wearing [92]. Their greater sense of community is likely linked to a higher intent to help and the actual offer to assist in the event of violence [23].

4. Discussion and Implications

Understanding SDOH in the context of bystander intervention can inform the design of more effective interventions and drive policy advancements at different ecological levels (e.g., institutional and community levels) to create more responsive strategies for fostering safer campuses. Bystander intervention programs are developed on the premise that community members play a critical role in preventing violence [93]. The Consolidated Framework for Implementation Research, an implementation science framework, can help evaluate the applicability of bystander intervention strategies across multiple settings and populations and address barriers and facilitators to successful implementation [94,95]. Bystander intervention may be developed across three levels of prevention: primary, secondary, and tertiary. Primary prevention focuses on preventing violence before it occurs; secondary prevention targets high-risk populations and seeks to reduce future violence; and tertiary prevention aims to improve long-term outcomes of individuals affected by violence [96].

Recent decades have witnessed the emergence of bystander intervention programs developed to mitigate sexual violence and enhance rape prevention by fostering a sense of civic responsibility to reduce sexual violence, helping college students develop self-efficacy and equipping them with the skills to recognize warning signs and intervene safely and effectively [83]. We encourage the creation of supportive environments and approaches that promote proactive engagement of college students. Colleges and universities may consider implementing mandatory bystander intervention training to help faculty and staff recognize risky behaviors and equip them with the skills and confidence to intervene safely. Additionally, higher education can explore the effectiveness of different strategies, such as establishing clear and confidential reporting mechanisms, integrating bystander intervention into course curricula, and supporting the development of awareness campaigns that encourage college students to act responsibly and educate their students about the social and legal implications of intervening.

Past studies have shown many benefits of incorporating social-emotional learning as a promising approach to promoting competencies in bystander intervention and violence prevention [13]. In particular, the Centers for Disease Control and Prevention has advocated using individual skill-based learning as part of a comprehensive approach to the prevention of sexual violence, including incorporating social-emotional skills such as empathy, emotional regulation, and bystander skills [97]. Colleges and universities may offer tailored public presentations on sexual violence and encourage students to serve on committees/boards geared toward preventing sexual violence on campus, promoting a campus climate of awareness, activism, and proactive engagement [89]. Universities and colleges must ensure survivors have access to resources for advocacy, risk assessment, and safety planning unique to their situation. Similarly, bystanders who are members of survivors' primary support system and centrality of the peer connections can be provided support, awareness, knowledge, and skills to support their friends experiencing partner violence [6].

Recently, bystander interventions have expanded to utilize social media, marketing campaigns, and online education [34]. Bloom et al. (2023) found that users of the interactive app called myPlan (which educates users about intimate partner violence dynamics, assists in assessing relationships and designing personalized safety plans, and provides resources) reported more clarity and decisional preparedness. These elements are critical in creating effective support and minimizing harm, underscoring the benefits of technology-based intervention for partner violence survivors and their friends on the campuses [6].

In the broader social context, the university can foster partnerships with local community agencies to implement evidence-based prevention and promote social and cultural

norms that partner violence is intolerable. Community members can use television, media, and survivor narratives to educate, destigmatize, debunk stereotypes, raise awareness, and normalize the practice of reporting [61], where violence is framed as a community issue to empower both genders as well as ethnic minorities and promote a non-tolerant attitude toward violence. A sense of collective efficacy can lead to higher levels of trust and greater responsibility for others [30], which may contribute to a greater willingness to intervene. Future research may prioritize understanding the roles that religions and spirituality, family relations and upbringing, diverse student backgrounds (e.g., first-generational students, non-traditional students, international students), and housing arrangements (e.g., commuter students or those living on campus) play in bystander intervention among college students, given that these factors have not been widely researched in the existing literature. In sum, examining these public health concerns through the lens of the SDOH framework offers valuable insights into how broader social factors influence bystander intervention and the need for contextually informed strategies for addressing partner violence.

5. Conclusions

The widespread incidence of partner violence among college students underscores the urgent need to address and mitigate its pervasive impact [20]. Willingness to intervene as an effective bystander is critical in preventing violence and fostering safety among college students. Understanding SDOH, which involves recognizing nonmedical factors that shape one's living conditions and the broader societal system influencing one's day-to-day circumstances [10], is instrumental in addressing the root cause of intersecting health disparities vital in preventing violence, encouraging bystander intervention, and creating a safer community. Policies and programs must recognize the role that the social determinants play in tackling the deep-rooted social inequities that hinder one from intervening in order to create an environment conducive to promoting safety for everyone.

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